Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name/MI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Street Address/Apt. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Office of Alleged Violation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:**

|   Adult Education  American Indian Education Child Development Programs  Migrant Education  Special Education  Pupil Fees  Bilingual Education |   After School Education and Safety  Consolidated Categorical Aid   Child Nutrition  No Child Left Behind Programs  Every Student Succeeds Act Prog.  State Preschool  Local Control Funding Formula |   Agricultural Vocational Education  Career/Technical Education   Foster/Homeless Youth  Regional Occupational Programs  Tobacco-Use Prevention Education  Lactating Pupils  Economic Impact Aid |
| --- | --- | --- |

**For allegation(s) of unlawful discrimination, harassment, intimidation or bullying, please check the basis of the unlawful discrimination, harassment, intimidation or bullying described in your complaint, if applicable:**

|  Age Ancestry Color Ethnic Group Identification Medical Condition  |  Gender / Gender Expression / Gender Identity Genetic Information National Origin Race or Ethnicity Religion |  Sex (Actual or Perceived)  Sexual Orientation (Actual or Perceived) Based on association with a person or group with one or more of these actual or perceived characteristics Marital Status |
| --- | --- | --- |

1. Please give facts about the complaint.  Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator.

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1. Have you discussed your complaint or brought your complaint to any JCS personnel?  If you have, to whom did you take the complaint, and what was the result?

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1. Please provide copies of any written documents that may be relevant or supportive of your complaint.

 I have attached supporting documents.    Yes   No

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail complaint and any relevant documents to:

Jennifer Cauzza

Executive Director

P.O. Box 2470

Julian, CA 92036

760-765-5500 X101005

jcauzza@jcs-inc.org